PTO/SB06 (08-07)
Approved for one though 70 U2005, QUB 0531-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1975, no persons are required to respond to a collection of inscreamed wise							Andread	S & VED CHIE C		
October 3 2004 Substitute for Pro-875							09	9/753339		
CLAIMS AS FILED - PART ( (Column 1) (Column 2)					SMALL ENTITY		OR	OTHER THAN SHALL ENTITY		
FOR	HAMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE COOK	
BASIC FEE (37 CFR 1.16(41)						· <i>3</i> 95	OR,	10	.190	
TOTAL CLAMS (17 CFR 1.16(4)		tnus 20 =	•		1.9.		CR	23/8.		
INDEPENDENT CLAIMS (37 CFR 1.16(D))	a	inas 3 =	<u> </u>		×44.	· · · · ·	ΟR.	x 1 <u>88</u> -	<u> </u>	
MULTIPLE DEPENDENT CLAIM PRESENT (37 OFFI LINGS)					·.150·		OR ·	+.300.		
" If the difference in column 1 is less than zero, enter "V" in column 2.					TOTAL	ننا	OR'	TOTAL		
CLAIMS AS AMENDED - PART II										
. 4 - 10.				(Column 3)	SMALL E	NTITY_	OR		ENTITY	
H 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	CLAIMS REMAINING AFTER	R	HIGHEST NUMBER REVIOUSLY	PRESERT	RATE	ADOL TIONAL		RATE	ADDY TIONAL FEE	
I Table TA	THENOREM	Wina **	PAID FOR	-/-	<u>,,9</u> .	fEE	V <sub>or</sub>	x.18 .	1	
Z independent *	9	Vinus **	10	<del>. /</del> -	AH		OR	x.88 .		
A CALLERON	/_		7		× 450		OR	.200.		
PURST PRESENTATION OF MULTIPLE DEPENDENT CLASS (SF CFR 1.14(d))					TOTAL		OR.	TOTAL ADDIL FEE		
- · · · · · · · · · · · · · · · · · · ·					ADOL FEE		, w.	*	<u> </u>	
	Column 1)		(Catures 2)	(Cobstn 3)		<del>-                                    </del>	1 ·			
	CLAIMS REMARKS AFTER		HIGHEST NUMBER REVIOLISLY	PRESENT EXTRA	RATE	ADOL-		RATE	TIONAL FEE	
Total -	MENDMENT	Minus =	PAD FOR	•/	1.9	FEE	OR	1.18.		
Z Independent *	24	Virga -	- LF		x.44.		or or	× 88 .		
W storation					+,150.		og	300.	·	
FIRST PRESENTATION OF MATTIPLE DEPENDENT CLASS. (37 GPR L.1867)					TOTAL		og.	TOTAL ADOL FEE		
ADDIT FEE OR ADDIT FEE										
	(Calumn 1)		(Column 2)	(Column 3)			7		Т	
	CLAIMS REMAINING AFTER MEROMENT	P	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE	]	RATE	ADDI- TIONAL FEE	
Total ·		Minus	20	. /	x.9.	<u>.</u>	OR	x1/8 -		
A COST OCCUPATION A COST OCCUPATION OCCUPATI	# 1	Mines *	4	•/	x : 44.		OR	x:88.		
A PRIST PRESENTATION OF MALTIPLE DEPONDENT CLAM (\$2 0F9/L100)					+./50.		OR	.300 -	<b></b>	
. /					TOTAL ADD'T FEE		QR	ADOL FEE		
* 8 the entry in column 1 is less than the entry in column 2, write "O" in column 3, *** If the "Highest Number Previously Ped For IN THIS SPACE is tess than 20, enter "20".										

"If the "Highest Number Proviously Paid For' IN THIS SPACE is less than 20, enter "3".

"If the "Highest Number Previously Paid For' IN THIS SPACE is less than 2, enter "3".

The "Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Internation is required by 2" CFR 1.1%. The internation is required to obtain or retain a benefit by the public which is to less (and by the CLSPTO to process) on application. Confidentially is governed by 3" LLS.C. 122 and 3" CFR 1.14. This collection id estimated to take 12 minutes to complete USPTO to process) on application. Confidentially is governed by 3" LLS.C. 122 and 3" CFR 1.14. This collection id estimated to take 12 minutes to complete useful gestioning pathering, preparing, and submixing the completed application form to the LLSPTO. There will very depending upon the Inclinical case. Any comment on the LLSPTO, There will very depending upon the Inclinical case. Any comment on the amount of time you require to complete this form entire suggestions for reducing this burder, should be sent to the Chief Information Officer. U.S. Paren and Trademark (Diso. U.S. Department of Commerce, P.O. Box 1450, Abszandria, VA 22313-1450, DO NOT SENO FEES OR COMPLETED FORLIS TO THE ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Abszandria, VA 22313-1450.